

County: Amite
 Permit #: _____
 Driller: E Fitzgerald Well Service
 Date drilling completed: 8-4-10

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: K 118
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Bill Mettles</u> Mailing Address: <u>ISSAC Rd</u> <u>Summit MS</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 12' 50.9"</u> Longitude: <u>90° 33' 41.9"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad. Hand-held GPS, Survey-grade GPS <u>NW 1/4 NW 1/4 Sec 24 Twn 3N Rng 6E</u> Distance Direction Nearest Town _____ Miles _____ of _____</p>
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Well / Borehole Data

Date drilling started: 8-4-10 Date drilling completed: 8-4-10 Hole depth: 212' Hole diameter: 8"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: Poultry House

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 78' feet above or below (circle one) land surface Date measured: 8-4-10

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 212' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 192' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 010/00 inches Setting depth: From 192' feet to 212' feet

Type of completion (circle all applicable): gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

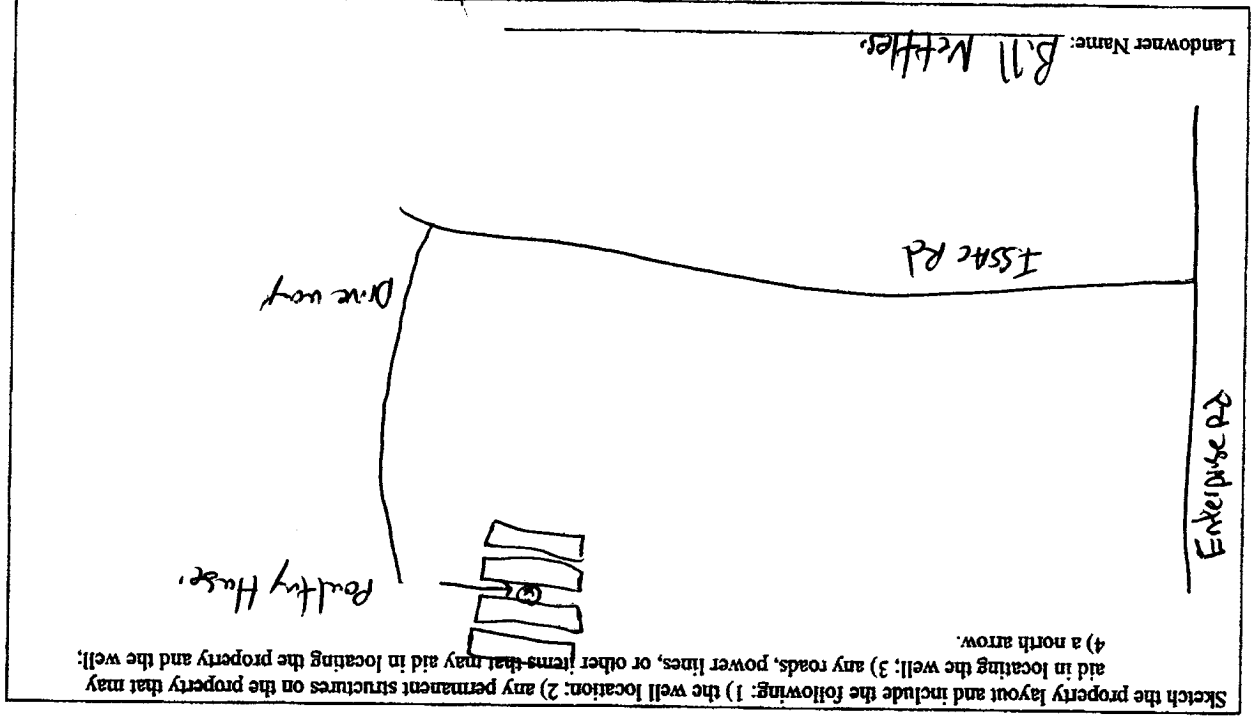
RECEIVED
 AUG 18 2010
 BY: OLWR

RECEIVED
AUG 16 2011
MAY 10 2011

Print Name of Responsible Licensee and License No. _____
Date _____
Signature of Licensee _____

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

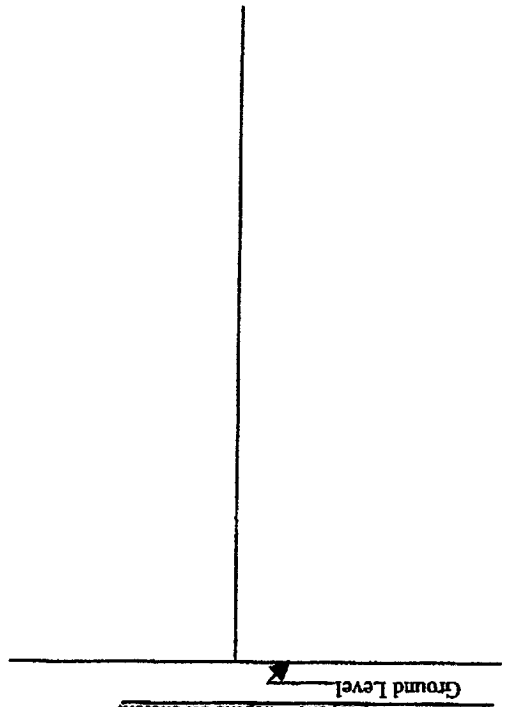
Form: OLWR-SWR-1A



If more than one screen, show location of each on sketch

Description of Formations Encountered	From (depth)	To (depth)
Clay	0	20
Clay	20	60
Clay	60	100
Clay	100	180
Clay	180	190
Sand	190	190
Coarse Sand	190	212

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



If well telescopes, show depths on sketch

The sketch below only required for water wells

4118

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date completed: 8-5-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: K118
 Well #: _____
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Bill Mettley</u>	Latitude: <u>31° 12' 50.9"</u> Longitude: <u>90° 33' 46.9"</u>
Mailing Address: <u>Issac Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Summit MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>8-4-10</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: <u>33GS30</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Brad Fitzgerald 029 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

AUG 16 2010

BY: OLWR